

HP Enterprise Services

276/277 Companion Guide For Claim Status
Request and Response Transactions

Nevada Medicaid Management Information System
(NV MMIS)

State of Nevada

Division of Health Care Financing and Policy (DHCFP)
Medicaid Management Information System (MMIS)

In Support of the:
Nevada MMIS Takeover Project
Version 2.2
December 5, 2011



Change history

Date (mm/dd/yyyy)	Description of Changes	Pages Impacted
05/2003	Changes were made to update the guide to accommodate the National Provider Identifier (NPI) and Atypical Provider Identifier (API).	Changed fields are highlighted yellow in the following tables
8/22/2011	Removed yellow highlighting from email addresses and phone numbers in response to specific deliverable review comments.	All
8/31/2011	Removed HP confidentiality and trademark statements for consistency with similar documentation.	ii
12/05/2011	Takeover HPES	All



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Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at <http://www.wpc-edi.com/HealthCareFinal.asp>.

Additional information is on the Department of Health and Human Services website at <http://aspe.hhs.gov/admsimp/>.

Purpose

HP Enterprise Services, Inc. (HPES) has prepared this Companion Guide and website, <http://medicaid.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as "Medicaid" unless otherwise specified.)

This Companion Guide provides specific requirements for requesting and receiving electronic claim status data from HP Enterprise Services. It supplements but does not contradict the X12N Health Care Implementation Guides and should be used solely for the purpose of clarification.

Using the 276 request, you may request the status of claims you have submitted to HP Enterprise Services. HP Enterprise Services sends the 277 response to you, which provides the status of your claims.

Submission and Availability

You may submit a 276 request 24 hours a day, 7 days a week. The functional acknowledgment (997 transactions) is normally available one hour later.

- A 276 request submitted before 5 p.m. PST, will normally have a 277 response available by 6 a.m. the following morning.
- A 276 request submitted after 5 p.m. PST, would normally have a 277 response available by 6:00 a.m. of the second day.
- For 276 inquiries that produce no claim matches, HPES returns a single 277 transaction with a value of "R0" in Status- Category-Code-1 and a value of "487" in Status-Code-1.
- HPES does not process 276 requests after 5 p.m. on Saturday or on Sunday.



Questions



For technical questions regarding claim submission or testing, call the Electronic Commerce Customer Support Help Desk at (800) 924-6741.

For enrollment or setup questions, or for questions regarding content in this manual, please contact the EDI Coordinator at nvmmis.EDIsupport@hp.com or (877) 638-3472.



276 Claims Status Request

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01: Authorization information qualifier	00 = No Authorization information present
B.4	N/A	ISA	ISA03: Security information qualifier	00 = No Security information present
B.4	N/A	ISA	ISA05: Interchange ID qualifier	ZZ = Mutually defined
B.4	N/A	ISA	ISA07: Interchange ID qualifier	ZZ = Mutually defined
B.5	N/A	ISA	ISA08: Interchange receiver ID	NVM FHSC FA
B.6	N/A	ISA	ISA14: Acknowledgement requested	0 = No Acknowledgement requested
B.8	N/A	GS	GS02: Application sender's code	4-digit Service center code assigned by HP Enterprise Services
B.8	N/A	GS	GS03: Application receiver's code	NVM FHSC FA
B.9	N/A	GS	GS08: Version/Release/Industry identifier code	004010X093A1
55	2100A	NM1	NM103: Payer organization name	DHCFP
55	2100A	NM1	NM108: Payer identification code qualifier	FI
56	2100A	NM1	NM109: Payer identification code	540849793
57	2100A	PER	Payer contact information (N/A)	Nevada Medicaid does not require payer contact



Page	Loop	Segment	Data Element	Comments
				information. This information is used to distinguish different contact points if the payer has multiple systems.
63	2100B	NM1	NM108: Receiver identification code qualifier	XX = NPI 46 = API
63	2100B	NM1	NM109: Receiver identification code	Use the billing provider's NPI or API.
68	2100C	NM1	NM108: Provider identification code qualifier	XX = NPI SV = API
69	2100C	NM1	NM109: Payer identification code	Use the servicing provider's NPI or API.
72	2000D	DMG	Subscriber demographic information	This segment is required. The recipient is the subscriber.
74	2100D	NM1	NM101: Subscriber identification code	QC The recipient is the subscriber.
75	2100D	NM1	NM102: Subscriber type qualifier	1 = Person
76	2100D	NM1	NM108: Subscriber identification code qualifier	MI = Member ID number
76	2100D	NM1	NM109: Subscriber identifier	11-digit Recipient ID
77	2200D	TRN	Claim submitter trace number	This segment is required. The recipient is the subscriber.
77	2200D	TRN	TRN02: Reference identification	Patient account number or



Page	Loop	Segment	Data Element	Comments
				prescription number
78	2200D	REF	REF01: Reference identification qualifier	1K = Payer claim number
79	2200D	REF	REF02: Reference identification	The claim's 16-digit Internal Control Number (ICN) assigned by HP Enterprise Services
A(14)	2200D	REF		Nevada Medicaid does not require use of the LU REF segment. The information in this segment shows the group to which the recipient belongs.
84	2200D	AMT	Claim submitted charges	This segment is required when the subscriber is the recipient.



277 Claims Status Response

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA 01: authorization information qualifier	00 = no authorization information present
B.4	N/A	ISA	ISA03: security information qualifier	00 = no security information present
B.4	N/A	ISA	ISA05: interchange id qualifier	ZZ = mutually defined
B.4	N/A	ISA	ISA06: interchange sender id	NVM FHSC FA
B.4	N/A	ISA	ISA07: interchange id qualifier	ZZ = mutually defined
B.6	N/A	ISA	ISA14: acknowledgement requested	0 = no acknowledgement requested
B.8	N/A	GS	GS02: application sender's code	NVM FHSC FA
B.8	N/A	GS	GS03: application receiver's code	4-digit service center code assigned by hp enterprise services
B.9	N/A	GS	GS08: version/release/industry identifier code	004010x093a1
126	N/A	BHT	BHT03: reference identification	277x093a1
126	N/A	BHT	BHT06: transaction type code	DG claim status – this value distinguishes a requested response from an unsolicited response which instead contains no.
131	2100A	NM1	NM103: payer organization name	DHCFP (this will be required until the national health plan



Page	Loop	Segment	Data Element	Comments
				identifier is active.)
131	2100A	NM1	NM108: payer identification code qualifier	FI
132	2100A	NM1	NM109: payer identification code	540849793
133	2100A	PER	Payer contact information	Nevada Medicaid does not require payer contact information. This information is used to distinguish different contact points if the payer has multiple systems.
139	2100B	NM1	NM108: receiver identification code qualifier	XX = NPI 46 = API
140	2100B	NM1	NM109: receiver identification code	Use the billing provider's NPI or API.
144	2100C	NM1	NM108: provider identification code qualifier	XX = NPI SV = API
145	2100C	NM1	NM109: provider identification code	Use the servicing provider's NPI or API.
148	2000D	DMG		This segment is required. The recipient is the subscriber.
150	2100D	NM1	NM101: subscriber identification code	QC the recipient is the subscriber.
151	2100D	NM1	NM102: subscriber type qualifier	1 = person
151	2100D	NM1	NM108: subscriber identification code qualifier	MI = member id number
152	2100D	NM1	NM109: subscriber identifier	11-digit recipient id
153	2200D	TRN	Claim submitter trace	This segment is



Page	Loop	Segment	Data Element	Comments
			number	required. The recipient is the subscriber.
153	2200D	TRN	TRN02: reference identification	Patient account number or prescription number
165	2200D	REF	REF01: reference identification qualifier	1K = payer claim number
166	2200D	REF	REF02: reference identification	The claim's 16-digit Internal Control Number (ICN) assigned by hp enterprise services.
14 (A)	2200D	REF		Nevada Medicaid does not require use of the LU REF segment. The information in this segment shows the group to which the recipient belongs.
171	2200D	DTP	Claim service date	This segment is required. The recipient is the subscriber.
190 - 234	All Loops	All Segments	All data elements: not used. Dependent level.	None of the loops/segments for dependent are required. The recipient is the subscriber.

